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UTILITY
PATENT APPLICATION
TRANSMITTAL
O (Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	02910.000068
First Nam	ed Inventor or Application Identifier
YASUHITO TSUBAKIMO	TO ET AL.
= 44-74-1-14	

Express Mail Label No.					
APPLICATION ELEME See MPEP chapter 600 concerning utility patent		ADDR	ESS TO:	Commiss P.O. Box	Patent Application ioner for Patents 1450 a, VA 22313-1450
1. Fee Transmittal Form (Submit an original, and a duplicate for fee p	rocessing)	7.	CD-ROM or Program (A	•	e, large table or Computer
2. Applicant claims small entity status. See 37 CFR 1.27.		8.		and/or Amino Acio e, all necessary)	Sequence Submission
3. X Specification Total Po	ages 12		a C	computer Readabl	e Form (CRF)
4. X Drawing(s) (35 USC 113) Total St. 5. Oath or Declaration Total Pour St. Newly executed (original or	ages		i (ation Sequence List CD-ROM or CD-R Daper Statements verifying	
a Newly executed (original of	сору,			PANYING APPLIC	
b. Copy from a prior applicatio (for continuation/divisional with i. DELETION OF IN Signed Statement a inventor(s) named is 37 CFR 1.63(d)(2) 6. X Application Data Sheet. See 37 CFR	th Box 17 completed) IVENTOR(S) attached deleting In the prior application, seemed 1.33(b).	9.	Assignment 37 CFR 3.73 (when there English Tra Information Statement (Preliminary Return Rec (Should be Certified Co	Papers (cover shee (b) Statement e is an assignee) Inslation Documer Disclosure (IDS)/PTO-1449 Amendment eipt Postcard (MP specifically itemiz ppy of Priority Doc riority is claimed)	Power of Attorney It (if applicable) Copies of IDS Citations PEP 503) ed)
17. If a CONTINUING APPLICATION, check application information: For CONTINUATION OR DIVISIONAL APPS only: 1 considered a part of the disclosure of the accompany be relied upon when a portion has been inadvertently	Continuat	ion-in-part (CIP)	of prior app Group/Art Ui on, from which a and is hereby ir	nit:an oath or declaration	
	18. CORRES	PONDENCE ADD	RESS		
X Customer Number or Bar Code Label	(Insert Customer No. o	05514		or Corre	spondence address below
NAME	·				
IVAIVIL					
Address					
City	State			Zip Code	
Country	Telephone			Fax	

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	14-20 =	0	X \$ 18.00 =	\$000.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	2-3 =	0	X \$ 84.00 =	\$000.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) \$280.00 =			\$280.00 =	\$000.00
-		**		BASIC FEE (37 CFR 1.16(a))	\$750.00
		**	Total of	above Calculations =	\$750.00
	Reduction by	50% for filing by small er	ntity (Note 37 CFR 1.9, 1	.27, 1.28).	
				TOTAL =	\$750.00
					4.00.00
9. Sr	nall entity status				Marine 1
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	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED
NAME	Elizabeth F. Holowacz (Reg. No. 42,667)
SIGNATURE	Emabeth & Oblowary
DATE	July 11, 2003

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